MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08057

8051

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Patuxent River USNAS
LENGTH OF STAY (in this place) 13 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Station Hospital, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Unknown
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Astoria 69x-3
STREET ADDRESS (If rural give location) 31 - 68 41st Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Joseph (Last) ANDERSON

4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 26 October 1935

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Queens, N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reynold ANDERSON

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 6/9/53-8/9/55

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Navy records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

IMMEDIATE CAUSE (A) Hemorrhage, traumatic, abdominal — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Ruptured spleen

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Route 5

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Park Hall, St. Mary's, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 8, 1955 1135pm M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from 8 Aug., 1955, to 9 Aug., 1955, that I last saw the deceased alive on 9 Aug., 1955, and that death occurred at 1100AM, from the causes and on the date stated above.

SIGNATURE AND M.D. J. E. SZAKACS, LT MC USNR

ADDRESS Station Hospital, USNAS PAX RIV MD

DATE SIGNED 8-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) TRANSPORTATION

DATE THEREOF 8-11-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Long Island, New York

DATE REC'D BY LOCAL REGISTRAR 8-10-55

REGISTRAR'S SIGNATURE H. Beaty MD Local Registrar

24. FUNERAL DIRECTOR P. B. Robinson

ADDRESS Leonardtown, Md.

VS. A15 — 10 - 54

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08058

8055 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Callaway
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Callaway
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Durant (Middle) W. (Last) Baker

4. DATE OF DEATH: (Month) Aug. (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY? Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 22-005-0143

17. INFORMANT & ADDRESS: Donald R. Baker Callaway Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — immediate
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary sclerosis — 10 years
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 19 54, to Aug 3, 1955 that I last saw the deceased alive on July 30, 1955, and that death occurred at 2:00 AM, from the causes and on the date stated above.
SIGNATURE [signature] M.D. ADDRESS Grantsville Md DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-11 1955 — NAME OF CEMETERY OR CREMATORY All Saints — LOCATION (City, town, or county) (State) Leonardtown, Md.

DATE REC'D BY LOCAL REGISTRAR 8/8/55 — REGISTRAR'S SIGNATURE [signature] Local Registrar

24. FUNERAL DIRECTOR Jos. C. Mattingly — ADDRESS Leonardtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08059

8956 CERTIFICATE OF DEATH Reg. Dist. No. 28/

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ST MARY'S CITY
LENGTH OF STAY (in this place) 43 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ST MARY'S CITY
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) JOHN (Middle) FRANK (Last) BARONIAK
4. DATE OF DEATH: (Month) AUGUST (Day) 25 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 1882
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 6 Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10B. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): HUNGARY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS ANNA M. BARONIAK ST MARY'S CITY, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Acute myocardial Failure — 1 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — Several years
DUE TO (C) Generalized Arteriosclerosis — Several years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1953, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 2:45 AM, from the causes and on the date stated above.
SIGNATURE Robert F. Fuchs M.D. ADDRESS Leonardtown, Md. DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8/27/55
NAME OF CEMETERY OR CREMATORY TRINTY
LOCATION (City, town, or county) (State) ST MARY'S CITY, MD.

DATE REC'D BY LOCAL REGISTRAR 8/26/55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS JOS. C. MATTINGLEY LEONARDTOWN, MD.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08060

8957

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River Md
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Rollins (Last) Britton

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: July 7 1877
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 1 Days 4 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis Rollins
14. MOTHER'S MAIDEN NAME: Rosalie Bennett

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 216-12-4915
17. INFORMANT & ADDRESS: Mrs Howard Britton Patuxent River Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension heart disease — 10 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1942 to Aug 1955, that I last saw the deceased alive on Aug 9, 1955, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE AND M.D. — ADDRESS — DATE SIGNED
[signature] M.D. — Great Mills Md — 8/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/15/55
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) (State) St Marys City Md

DATE REC'D BY LOCAL REGISTRAR Aug 12 1955
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingly Jr. — ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08061

8058 CERTIFICATE OF DEATH Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X AVENUE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AVENUE X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) DYSON

4. DATE OF DEATH (Month) AUGUST (Day) 8 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 17, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 4 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give dates of service) NONE

16. SOCIAL SECURITY NO. 220-16-4474

17. INFORMANT & ADDRESS: MRS MARY MOLLY DYSON AVENUE, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Carcinoma Esophagus

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 55'

19B. MAJOR FINDINGS OF OPERATION Carcinoma - esphagus

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ..., 1954, to Aug 7th, 1955, that I last saw the deceased alive on Aug 7 ..., 1955, and that death occurred at 4:00 P.M. from the causes and on the date stated above.

SIGNATURE Roy Gunther M. D. ADDRESS Mechanicsville DATE SIGNED 8/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 8/11/55

NAME OF CEMETERY OR CREMATORY SACRED HEART

LOCATION (City, town, or county) (State) BUSHWOOD, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8/10/55

REGISTRAR'S SIGNATURE Adam D Hance D

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY

ADDRESS LEONARDTOWN, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08062 2WC

8059 CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Wade (Middle) Hampton (Last) Hickey

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12 Nov. 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hickey

14. MOTHER'S MAIDEN NAME: Anne C. Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Emily C. Waring - Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Septicemia, chronic pyelonephritis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of prostate

DUE TO

(c)

Interval Between Onset And Death: 1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, rheumatoid

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from Jan 53, to Aug 19, 55, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 5:45 pm, from the causes and on the date stated above.

SIGNATURE J. Roy Leuther, M.D. (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-22-55 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8-20-55 REGISTRAR'S SIGNATURE Clara D. Hauser

24. FUNERAL DIRECTOR J. F. Gasch's Sons ADDRESS Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08063

8^60 CERTIFICATE OF DEATH Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL DRAYDEN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL DRAYDEN X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) GONZIE (Last) KNOTT

4. DATE OF DEATH: (Month) AUG. (Day) 1, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: MARCH 6, 1882
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 4 Days 26 IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10B. KIND OF BUSINESS OR INDUSTRY: SELF
11. BIRTHPLACE (State or foreign country): MARYLAND
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM KNOTT
14. MOTHER'S MAIDEN NAME: ANGELIA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NONE (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NO
17. INFORMANT & ADDRESS: MRS EDNA DEAN DRAYDEN, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular accident DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSE (B) Cerebral arteriosclerosis DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1955, to 7-1....., 1955, that I last saw the deceased alive on 7-29, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE James Keller M.D. ADDRESS Green Hill, Md. DATE SIGNED 8-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8/4/55
NAME OF CEMETERY OR CREMATORY ST GEORGE'S
LOCATION (City, town, or county) (State) VALLEY LEE, MD.

DATE REC'D BY LOCAL REGISTRAR 8/2/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR JOS.C.MATTINGLEY ADDRESS LEONARDTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08064

8061 CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) USNAS PAXRIVMD
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jamesville
STREET ADDRESS (If rural give location) Box 168

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Mayo (Last) Martin

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 1-13-29

9. AGE last birthday 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): North, Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 3-30-48 to 8-8-55

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hermorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cause unknown DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 8 Aug., 19 55, to 8 Aug., 19 55, that I last saw the deceased alive on 8 Aug., 19 55, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE AND TITLE OF M. D. J. E. SZAKACS — ADDRESS StaHosp, USNAS, PAXRIVMD — DATE SIGNED 8-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 8-10-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Williamston, N.C.

DATE REC'D BY LOCAL REGISTRAR 8-10-55 — REGISTRAR'S SIGNATURE P.P. Evans MD By Deputy Registrar

24. FUNERAL DIRECTOR — ADDRESS P.B. Robinson : Leonardtown, Md.

8062 08065

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys | MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Helen
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Helen
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) J (Last) Morgan

4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	Jan 13 1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer Dentist		Maryland St Marys	U.S.A.

13. FATHER'S NAME: Thomas Morgan

14. MOTHER'S MAIDEN NAME: Em Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Daniel Morgan Helen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: immed.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Alcoholism

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Roy Luther, M.D. M. D. CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAM. DATE SIGNED 8/9/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-12-55	St Joseph	Morganza Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/55	Alan D. Hauser	Jos C. Abell Funeral Dir	Leonardtown Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08066

8063 **CERTIFICATE OF DEATH** Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND — CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown X — LENGTH OF STAY (in this place) 2 hours — HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden X — STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) (Last) Morgan

4. DATE OF DEATH. (Month) Aug (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb 2 1881

9. AGE last birthday 74 yrs.

IF UNDER 1 YEAR: Months 2 Days 2

IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Maryland St County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex Morgan

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Mrs Anna B. Johnson Drayden Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Myocarditis — 2 Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis — 10 Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955 to Aug 10 1955, that I last saw the deceased alive on Aug 10, 1955, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE Dr. H. Patrick — ADDRESS MD Lexington Park Md — DATE SIGNED 8-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/13/55 — NAME OF CEMETERY OR CREMATORY St Mark's — LOCATION (City, town, or county) (State) Valley Lee Md

DATE REC'D BY LOCAL REGISTRAR Aug 12/55 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Jas C. Mattingley — ADDRESS Leonardtown Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08067

8064 CERTIFICATE OF DEATH Reg. Dist. No. 2-82

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) Maria (Last) Quade

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1955

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH: March 25, 1870 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B KIND OF BUSINESS OR INDUSTRY: Domestic | 11 BIRTHPLACE (State or foreign country): Maryland | 12 CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Lacy

14. MOTHER'S MAIDEN NAME: Sallie M. Ferrall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. ------

17. INFORMANT & ADDRESS: Wm. Raymond Quade - Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2d

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic C V disease — 10 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 19..., to Aug 5, 1955, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 5 25 P M, from the causes and on the date stated above.

SIGNATURE Roy Snyther M. D. ADDRESS Mechanicsville, Md DATE SIGNED 8/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/8/55 | NAME OF CEMETERY OR CREMATORY St. Joseph | LOCATION (City, town, or county) Morganza, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 8/8/55 | REGISTRAR'S SIGNATURE Alan D. Hansen | 24. FUNERAL DIRECTOR P.B. Robinson | ADDRESS Leonardtown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

* 8065

08068
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St. MARY's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CARVER Heights
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #6 VAN BUREN St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY St. MARY'S
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN CARVER Heights
STREET ADDRESS (If rural, give location) #6 VAN BUREN St.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) LOUISE (Last) REED

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 9-15-1912

9. AGE Last birthday: 42 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: #6 VAN BUREN St., JAMES REED : CARVER Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Central hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive cardiovascular disease — DUE TO (c)

Interval between onset and death: unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Roy Gaither M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 8/19/55

NAME OF CEMETERY OR CREMATORY Mt. ZION CEMETERY

LOCATION (City, town, or county) (State) St. INIGOES, MARYLAND

DATE REC'D BY LOCAL REG. 8-17-55

REGISTRAR'S SIGNATURE R. P. Beam, M.D. Local

24. FUNERAL DIRECTOR P. B. ROBINSON ADDRESS : LEONARDTOWN, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08069

8066

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Blain (Last) Sommerville

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1955

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 31, 1884

9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10B. KIND OF BUSINESS OR INDUSTRY: Farm tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Sommerville

14. MOTHER'S MAIDEN NAME: Alice Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. ---------

17. INFORMANT & ADDRESS: Bertina S. Stevens - Hollywood, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Several days.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertrophic Prostate — several years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16 ..., 1944, to 8/2 ..., 1955, that I last saw the deceased alive on Aug. 2, 1955, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE Robert V. Fuchs M.D. ADDRESS Leonardtown, Md DATE SIGNED 8/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/5/55
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) (State) Hollywood, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-4-55
REGISTRAR'S SIGNATURE Glaud L. Hawes

24. FUNERAL DIRECTOR ADDRESS P.B.Robinson - Leonardtown, Maryland.

8967

08070
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Holly Wood Rural — LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R F D

3. NAME OF DECEASED: (First) Virginia (Middle) American (Last) Weeks (Type or Print)

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 4 1884

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months 6, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Lesley Combs

14. MOTHER'S MAIDEN NAME: Mazie Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Melvin Weeks Hollywood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary accident	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis	5 yrs.
	DUE TO (c) Generalized arteriosclerosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Diabetes mellitus	20 yrs

19a. DATE OF OPERATION: None — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY — A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C J Bean M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF 8/29/1955 — NAME OF CEMETERY OR CREMATORY Joy Chapel — LOCATION (City, town, or county) (State) Holly Wood Md.

DATE REC'D BY LOCAL REG. Aug 26/55 — REGISTRAR'S SIGNATURE C J Bean Asst Deputy Registrar — FUNERAL DIRECTOR Jos C. Mattingly — ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08071

8063

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) USNAS, Patuxent River
LENGTH OF STAY (in this place) --
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Maryland~~ La. COUNTY ~~St Mary's~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Patuxent River~~ Rayville 56 x -3
STREET ADDRESS (If rural give location) ~~Naval Air Station~~ 810 Ray Street (see birth cert)

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (None) (Last) WIGGINS

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1955

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 8-7-55
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nolan WIGGINS
14. MOTHER'S MAIDEN NAME: Johanna Sandra TORRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT & ADDRESS: Father-788 B., MEMQ, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

770.5

IMMEDIATE CAUSE (A) Erythroblastosis, Fetal, with immaturity — 46 minute

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1955, to 8-7-, 1955, that I last saw the deceased alive on 8-7-1955, and that death occurred at 1037AM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. R.J. IRONS, LTJG MC USNR
ADDRESS Station Hospital, USNAS, Patuxent River, Md.
DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-9-55
NAME OF CEMETERY OR CREMATORY Holy Face Cemetary
LOCATION (City, town, or county) (State) Great Mills, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 9/55
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR Nolan WIGGINS
ADDRESS PATUXENT RIVER, MD.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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